



Trinity Lutheran School
16000 S. Henrici Rd.
Oregon City, OR 97045

503.632.5554

2010-2011 School Year
Kindergarten

Please print all information using blue or black ink.

NOTE: A non-refundable one-time application fee of \$125.00 must accompany this registration.

Date: _____

Registering for: [] Half-Day Kindergarten [] Full-Day Kindergarten

Child's Full Name: _____

Child's Birth-date: _____ Sex [] Boy [] Girl

Mother's Name (or Primary Guardian): _____

Mother's Occupation: _____ Work Phone: _____

Home Address: _____

_____ (City) _____ (State) _____ (Zip Code)

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Father's Name (or Guardian): _____

Father's Occupation: _____ Work Phone: _____

Home Address: _____

_____ (City) _____ (State) _____ (Zip Code)

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Daycare Provider's Phone: _____

Emergency Contact Information (List someone other than a parent to contact in the event of an emergency in which the parents cannot be reached.)

Name and Relationship to Child: _____

Phone: _____

Persons With Permission to Remove the Child from School Grounds

(Others not on this list will require a signed and dated note submitted to the classroom teacher in advance.) Persons other than those normally responsible for the child’s pick-up, including those on this list, will be asked to show picture identification.

Name	Relationship to Child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Health and Safety Questions:

Does your child have any allergies of which you are aware? [] No [] Yes

If yes, please list all allergies and their potential reactions here: _____

Arrangements for any necessary medication will need to be made with the school administrator.

Do you give Trinity Lutheran Church and School staff permission to provide EMERGENCY care for your child? [] YES [] NO

In the event of an emergency, we will use local ambulance service to Willamette Falls Hospital.

School and Church Background

Has your child had previous school experience? [] YES [] NO

If yes, where and for which grades? _____

Do you attend a church? [] Yes [] No

If yes, where do you attend? _____

Is your child baptized? [] Yes [] No Dedicated? [] Yes [] No Date: _____

Please list names and ages of all siblings: _____

Person Responsible for Tuition Payment: [] Mother [] Father [] Other _____

How did you find out about our school? _____

Why are you interested in having your child attend Trinity Lutheran School? _____

I attest that all of the information in this registration is complete and true to the best of my knowledge. I agree to follow the guidelines set forth in the school handbook and to pay all tuition fees when due.

By signing this registration form, I agree to allow the school the use of my child's picture, either still or in video for the promotion of the school within the church and community. This may include but is not limited to: photos published in newspapers, brochures, on the school website, or for the prayer partner program.

(Parent/Guardian Signature)

(Date)

Trinity Lutheran School values your privacy. The information contained on this form will never be made available to persons outside of the school system without a mandated court order.

Trinity Lutheran School admits students of any race, color, national/ethnic origin, and religion to all the rights, privileges, programs, and activities generally accorded or made available to all students of the school. We do not discriminate on the basis of race, color, nation/ethnic origin, or religion in the administration of our educational policies, scholarships or any other school administered programs.

Upon receipt of this application, it will be reviewed by the administrator and an interview will be scheduled with the child and parents to determine admittance.

Upon admittance to our school program, parents will be required to provide a copy of the child's birth certificate, immunization records, and/or previous school records if applicable.
